Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED						
		FCL029003	B. WING		04/1	4/2016					
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STATE, ZIP CODE								
KATELAND FAMILY CARE HOME 294 OLD HIGHWAY 109											
LEXINGTON, NC 27292											
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	ON SHOULD BE COMPLETE HE APPROPRIATE DATE						
C 000 Initial Comments		C 000									
	Report by Suzanna Fay										
	Survey on April 14, PM at the above refrecords indicate the January 2, 1986 as ambulatory Resider respond without any during a fire or othe information we are compliance with the Care Homes Minim Regulations, applica Rules 10A NCAC 13 and the 1978 (Revis Building Code - Sec Care Facilities.	a Section conducted a Biennial 2016 from 12:11 PM to 1:28 ferenced facility. DHSR home was first licensed on a Family Care Home for six ats (able to evacuate and y physical or verbal assistance or emergency.) Based on this requiring the home to maintain a following: the 1984 Family um Standards and able portions of the 2005 and for Family Care Homes sion 5) North Carolina State ction 409.1 (g) - Residential sit, we cited deficiencies that ole plan of correction. They									
C 174	Building Equipment	Maintained Safe, Operating	C 174								
	EQUIPMENT (a) The building ar mechanical, and plu care home shall be operating condition. (j) This Rule shall family care homes.  This Rule is not me 1. Observations reto the right of the si	17 BUILDING SERVICE and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing									

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING \_ FCL029003 04/14/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **294 OLD HIGHWAY 109** KATELAND FAMILY CARE HOME LEXINGTON, NC 27292 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Continued From page 1 C 174 C 174 through. Have a qualified technician repair or replace the kitchen laminate. Provide documentation of the repairs in the form of photos, receipts or work orders. 2. Observations revealed that the globe was missing from the exterior light at the kitchen exit. Install a globe. Provide documentation of the repairs in the form of a photo or receipt. C 177 Building Service Equipment-Hot Water C 177 SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE **EQUIPMENT** (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Water temperature taken at the time of this survey was 96 degrees Fahrenheit at the kitchen sink and 98 degrees at the hall bath. Adjust the thermostat on the hot water heater to be between 100 and 116 degrees. Test the water temperature three times a day for three days. Record your findings on the Hot Water Temp Log left at the facility. Return the log with your signed Plan of Corrections. C 120 Storage Area C 120 IV. The Building

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C 120	D. Physical Environments.  6. Storage Area (1) a. Storage areas in number for storage food and food serving supplies and equipments. There must be a storing cleaning agand other substancing in the storage of the stor	nment 0 NCAC 42C .2207) nust be adequate in size and of clean linens; soiled linens; ice supplies; and household ment. separate locked area(s) for ents, bleaches, pesticides, es which may be hazardous if r handled.	C 120									

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